

Business Licensing  
1200 Madison Ave, Suite 100  
Indianapolis, IN 46225  
Phone: (317) 327-4316  
Fax: (317) 327-8294  
New \_\_\_\_\_ Renewal \_\_\_\_\_

Building inspection	\$85.00
Fire inspection	\$84.00
Local fingerprint fee	\$10.00
License fee (annual)	\$85.00
Permit fee (one day)	\$75.00

**APPLICATION FOR**  
**DANCE HALL LICENSE**  
**OR DANCE HALL PERMIT**

Name of business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Home address of applicant: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address, if different than home or business: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If not U.S., list country of citizenship: \_\_\_\_\_

Legal status of business: Individual Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

If Corporation or LLC, list state where incorporated or organized: \_\_\_\_\_

Resident agent's name: \_\_\_\_\_

Resident agent's address: \_\_\_\_\_ Zip code: \_\_\_\_\_

If Corporation, Partnership or LLC, list the name and address of each officer, partner or member:

Name	Address	Telephone Number	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not a Corporation, Partnership or LLC, list the name and address of each person associated with the operation of the business:

Name	Address	Telephone Number	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of manager/operator of dance: \_\_\_\_\_

Address of manager/operator of dance: \_\_\_\_\_ Zip code: \_\_\_\_\_

Venue address \_\_\_\_\_ Zip code: \_\_\_\_\_

List name, birth date, mailing address and telephone number of person/persons that will be present for the duration of the dance:

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant, partner, or corporate officer of the business, or anyone else responsible for the management of the dance, ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than minor traffic charges:

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list type(s) of conviction and jurisdiction: \_\_\_\_\_

\_\_\_\_\_

I understand that I am responsible for obtaining the following:

Retail Merchant Certificate Number: \_\_\_\_\_  
(available at the State Department of Revenue: (317) 233-4015)

Federal Tax Identification Number: \_\_\_\_\_  
(available at the State Department of Revenue: (317) 233-4015)

If the premise is licensed for the sale of alcoholic beverages, alcoholic beverages permit number: \_\_\_\_\_  
(available from the venue or at the State Alcoholic Beverages Commission: (317) 232-2455)

The applicant has leased or owned the venue of the dance for what period of time? \_\_\_\_\_

If application is for a Dance Hall Permit, list the date the dance will be held: \_\_\_\_\_

If application is for a Dance Hall License, list maximum number of days per week that dances will be held: \_\_\_\_\_

List hours dance will be operating: \_\_\_\_\_

List size of dance floor: \_\_\_\_\_

Will any alcoholic beverages be served? Yes \_\_\_\_\_ No \_\_\_\_\_ Open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the admission fee being charged? \_\_\_\_\_

List names and phone number of company providing security for dance:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Will there be any restrictions (age, dress, audio/video equipment, etc.) for admission to dance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list: \_\_\_\_\_

\_\_\_\_\_

I understand that I may not ask for a refund of any of the fees if, for any reason, the Licensing Division cannot issue my license:  
Yes\_\_\_\_\_ No \_\_\_\_\_

**Please indicate that you agree or disagree by marking yes or no to the following:**

1. Applicant has not had any license or registration to operate a business revoked or suspended;  
Yes\_\_\_\_\_ No\_\_\_\_\_
2. Applicant is not delinquent to the City, County or State for any taxes license fees or any other indebtedness; Yes\_\_\_\_\_ No \_\_\_\_\_
3. The person signing this application has the authority to sign for the business being licensed;  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Applicant will permit inspections of the business and premises by public authorities acting pursuant to law;  
Yes\_\_\_\_\_ No \_\_\_\_\_
5. Applicant will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public; Yes\_\_\_\_\_ No\_\_\_\_\_
6. Applicant will keep the premises clean and free from any sort of rubbish or combustible or explosive material;  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Applicant agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose; Yes \_\_\_\_\_ No \_\_\_\_\_
8. Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials;  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Applicant understands that the license may be suspended or revoked, and the Applicant will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated; Yes \_\_\_\_\_ No \_\_\_\_\_
10. Applicant agrees to notify the Controller in writing before assigning or transferring the license to any other person (if permitted by ordinance); Yes \_\_\_\_\_ No \_\_\_\_\_
11. Applicant agrees to apply in writing to the Controller before changing the location of the business (if permitted by ordinance); Yes \_\_\_\_\_ No \_\_\_\_\_
12. Applicant agrees to give the Controller written notice once the business ceases to exist. Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned affirms under penalty of perjury that the answers, representations and information provided in this application are true.

Signature:\_\_\_\_\_

Name printed: \_\_\_\_\_

Date signed: \_\_\_\_\_